

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9		1					59							
10		3					60							
11		3					61							
12		3					62							
13		1					63							
14		1					64							
15		1					65							
16		1					66							
17		1					67							
18		1					68							
19		1					69							
20		3					70							
21		3					71							
22		3					72							
23		1					73							
24		1					74							
25		3					75							
26		3					76							
27		3					77							
28		3					78							
29		3					79							
30		3					80							
31		3					81							
32	1						82							
33		1					83							
34		1					84							
35		1					85							
36		1					86							
37		1					87							
38		1					88							
39		1					89							
40		1					90							
41		1					91							
42		3					92							
43		3					93							
44		3					94							
45		3					95							
46		3					96							
47		3					97							
48		3					98							
49		3					99							
50		3					100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL							TOTAL							